

By Senator Sharief

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A bill to be entitled
An act relating to Medicaid providers; amending s.
409.967, F.S.; requiring the Agency for Health Care
Administration to include specified requirements in
its contracts with Medicaid managed care plans;
defining the term "outside of regular business hours";
providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (c) of subsection (2) of section
409.967, Florida Statutes, is amended to read:

409.967 Managed care plan accountability.—

(2) The agency shall establish such contract requirements
as are necessary for the operation of the statewide managed care
program. In addition to any other provisions the agency may deem
necessary, the contract must require:

(c) Access.—

1. The agency shall establish specific standards for the
number, type, and regional distribution of providers in managed
care plan networks to ensure access to care for both adults and
children. Each plan must maintain a regionwide network of
providers in sufficient numbers to meet the access standards for
specific medical services for all recipients enrolled in the
plan. The exclusive use of mail-order pharmacies may not be
sufficient to meet network access standards. Consistent with the
standards established by the agency, provider networks may
include providers located outside the region.

2. The agency shall establish specific standards to ensure

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30 enrollees have access to network providers during state holidays
31 and outside of regular business hours. At least 50 percent of
32 primary care providers participating in a plan provider network
33 must offer appointment availability to Medicaid enrollees
34 outside of regular business hours. For the purposes of this
35 subparagraph, the term "outside of regular business hours" means
36 Monday through Friday between 5 p.m. and 8 a.m. local time and
37 all day Saturday and Sunday.

38 3. Each plan shall establish and maintain an accurate and
39 complete electronic database of contracted providers, including
40 information about licensure or registration, locations and hours
41 of operation, specialty credentials and other certifications,
42 specific performance indicators, and such other information as
43 the agency deems necessary. The database must be available
44 online to both the agency and the public and have the capability
45 to compare the availability of providers to network adequacy
46 standards and to accept and display feedback from each
47 provider's patients.

48 4. Each plan shall submit quarterly reports to the agency
49 identifying the number of enrollees assigned to each primary
50 care provider.

51 5. The agency shall conduct, or contract for, systematic
52 and continuous testing of the provider network databases
53 maintained by each plan to confirm accuracy, confirm that
54 behavioral health providers are accepting enrollees, and confirm
55 that enrollees have access to behavioral health services.

56 6.2- Each managed care plan shall ~~must~~ publish any
57 prescribed drug formulary or preferred drug list on the plan's
58 website in a manner that is accessible to and searchable by

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enrollees and providers. The plan must update the list within 24 hours after making a change. Each plan must ensure that the prior authorization process for prescribed drugs is readily accessible to health care providers, including posting appropriate contact information on its website and providing timely responses to providers. For Medicaid recipients diagnosed with hemophilia who have been prescribed anti-hemophilic-factor replacement products, the agency shall provide for those products and hemophilia overlay services through the agency's hemophilia disease management program.

~~7.3.~~ Managed care plans, and their fiscal agents or intermediaries, must accept prior authorization requests for any service electronically.

~~8.4.~~ Managed care plans serving children in the care and custody of the Department of Children and Families must maintain complete medical, dental, and behavioral health encounter information and participate in making such information available to the department or the applicable contracted community-based care lead agency for use in providing comprehensive and coordinated case management. The agency and the department shall establish an interagency agreement to provide guidance for the format, confidentiality, recipient, scope, and method of information to be made available and the deadlines for submission of the data. The scope of information available to the department is ~~shall be~~ the data that managed care plans are required to submit to the agency. The agency shall determine the plan's compliance with standards for access to medical, dental, and behavioral health services; the use of medications; and follow up ~~followup~~ on all medically necessary services

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88 recommended as a result of early and periodic screening,
89 diagnosis, and treatment.

90 Section 2. This act shall take effect July 1, 2026.